Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
86849	Clift's Customized Landscaping, Inc.			
3. Street Address Principal Business Office		City	State	Zip
3391 WEST SHORE ROAD		WARWICK	RI	02886-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	RHODE ISLAND			6882

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE GENERAL LANDSCAPING, MAINTENANCE, TREESERVICING, TRIMMING AND REMOVAL BUSINESS.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
David M. Clift	21 Julian Avenue	Warwick	RI	02886

Vice President Name	Street Address	City	State	Zip
David M. Clift	21 Julian Avenue	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
David M. Clift	21 Julian Avenue	Warwick	RI	02886

Treasurer Name	Street Address	City	State	Zip
David M. Clift	21 Julian Avenue	Warwick	RI	02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
David M. Clift	21 Julian Avenue	Warwick	RI	02886

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
600 NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste*

[redacted] *86849

86849 DBC1/15/034:44:57 PM
File Date 3-20-03
Check No. 3342
By: KM
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

David Clift 3-14-03
Signature of Officer *Date*

David Clift
Print or Type Name of Officer

[redacted] Pres.
Title of Officer

Form 630 12/